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ABSTRACT

This study examined the actual content of meetings concerning the development of Individualized Education Programs (IEPs) for preschool children with developmental delays or visual impairments. Meetings concerning a total of 23 children in each of three programs were examined. In this study, researchers recorded and transcribed preschool Individualized Education Program meetings, coding each utterance according to who was speaking and what was being discussed. Additionally, the IEP goals and objectives were also coded on the same content parameters to compare goals to the actual meeting content. Findings indicated that discipline-specific team members contributed the most to discussions about their characteristic areas of expertise. The preschool teachers also talked a great deal in all content categories. At meetings with parents, the "other" category contained one fifth of all utterances, ostensibly in an effort to establish rapport with parents. Parents made the second highest number of utterances (16 percent of the total utterances) but their utterances clustered in the "other" and "acknowledgement" categories. Results suggest that IEP meetings were not family-centered planning sessions but, rather, more traditional meetings in which professionals present information according to discipline expertise. Meetings appeared to be a vehicle for building trust and familiarity. Some discrepancy between meeting focus and IEP contents was also found. Tables detail study results. (Contains 28 references.) (DB)

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by

Winnie Dunn, Ph.D.

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Analysis of the Preschool Individualized Education Planning Process: Current Practices and Directions for the Future

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Abstract

Public Law 94-142, the Education for All Handicapped Children Act of 1975 (EHA), and the 1986 Amendments, Public Law 99-457, mandate that teams create an individualized program for all children with special needs. The Individualized Family Service Plan (IFSP) and the Individual Education Plan (IEP) serve as the official documents to record these program planning efforts. In this study, researchers recorded and transcribed actual preschool IEP meetings, and coded each utterance in the meetings according to who was speaking and what they were discussing. These data provided a characterization of the planning process. Additionally, researchers coded the IEP goals and objectives on the same content parameters to compare goals to the actual meeting content. Patterns that emerge facilitate discussion about current and future directions in this process.

Analysis of the Preschool Individualized Education Planning Process: Current Practices and Directions for the Future

Public Law 94-142, the Education for All Handicapped Children Act of 1975 (EHA), and the 1986 Amendments to the EHA, Public Law 99-457 (recently amended again as P.L. 102-119 and now the Individuals with Disabilities Education Act, IDEA) mandate that all children with special needs be provided with an individualized program to meet these needs. Teams serving infants, toddlers and their families are required to develop an Individualized Family Service Plan (IFSP), while teams serving preschoolers and school-age children are required to develop an Individualized Education Plan (IEP). These documents are to be created at a team meeting, and serve as a written agreement among the team members, including the parents, about the program to be implemented to serve the child's and family's needs (Ryan & Rucker, 1991). The IFSP and IEP processes

serve as the cornerstone of the operationalizing of the federal mandates to serve children and families.

A few years after P.L. 94-142 was implemented, researchers studied the IEP planning process. In these early years, researchers found that both parents (Goldstein & Turnbull, 1980) and classroom teachers (Ysseldyke et al., 1981; Pugach, 1982) seemed to have little input into the planning process. This low level of active participation was thought to be due to a number of factors, including perceptions of roles (Yoshida et al., 1978; Kaufman, 1982), role confusion (Crossland et al., 1982), inaccurate beliefs regarding parental needs (Gibson & Young-Brockopp, 1982), and status rankings among team members (Gilliam, 1979). In one early study, Ysseldyke et al. (1982a) were able to show that parents were asked for their input only 27% of the meetings observed, and later research yielded similar findings for regular classroom teachers (Ysseldyke et al., 1982b). The results of these investigations prompted a number of writers to propose strategies for enhancing the role of parents in the IEP process (DiMeo et al., 1981; Goldstein & Turnbull, 1982).

More recent work includes an examination of the IFSP process and the involvement of families in the planning process. Researchers suggest that teams continue to have difficulty employing families in an active participant role (e.g., Nash, 1990; Turnbull & Winton, 1984; Bailey, 1984). Garshelis and McConnell (1993) found that teams continue to be inaccurate in their assessments of family needs, and that individual disciplines within those teams do an even poorer job. DeGangi et al. (1992) found that both parents and professionals expressed a need for communication, listening and flexibility in the planning process.

It may be necessary to restructure the methods for conducting planning meetings to address these concerns more effectively. In order to make accurate decisions about adaptations in the planning process, it is important to have a precise picture of current activities. The purpose of this study was to examine the IEP planning process as it actually occurred in three community preschool programs. The study investigated both the IEP meeting and the IEP document as representative items of the process and the product, respectively, of the IEP process (DeGangi et al., 1992).

Methods

Subjects

The subjects for this study were selected from three preschool programs in a large metropolitan area. Site A is a community-based program serving children with visual impairments. Site B is a community-based program serving children with developmental delays. Site C is a public school preschool program for children with developmental delays.

Researchers began each year with 4 subjects from each school (n = 12 per year). The study proceeded for three consecutive school years (1989–90; 1990–91; 1991–92). Children ranged in age from 4 to 7 years.

To be eligible for the study, the subjects had to meet four criteria:

a. they were eligible to move to a new school at the end of the school year;

b. their legal guardians gave written permission for their participation in the study;

c. they were receiving two or more professional services in addition to preschool programming; and

d. there was a written Individualized Education Plan (IEP).

Procedures

Selecting subjects. Each fall for three years, program staff created a list of all potentially eligible children for that school year. The researchers randomized the lists, and each school contacted the families until they had four participants from their school that met the eligibility criteria. Program staff also signed consent forms regarding their participation in the study.

Obtaining data. The program staff at each school used a standard audiotape recorder to record every meeting held about the target children during the school year. Research staff were not present during the meetings, so as not to influence the group process of these meetings. The program staff also sent a copy of the IEP document to the researchers.

Coding data. Researchers transcribed each meeting and then analyzed each utterance in the transcripts according to two criteria:

1. *Who was talking.* Program staff identified themselves at the beginning of the meeting tape, so that the transcriber could indicate who was talking during the meeting.
2. *The content area addressed in each utterance.* Nine coding categories were used: six developmental categories (*gross motor, fine motor, self care, socialization, language* and *cognition*); *acknowledgement* (for utterances that affirmed another's comments without adding information); *transition* (for utterances that discussed the child's movement to the new school; and *other* (for utterances outside the above categories).

Researchers also categorized the goals on the IEP according to the content categories used for the IEP meeting transcript analysis. The category *acknowledgement* was not functional in this analysis, so only eight categories were used.

Interrater reliability. Research assistants were trained in the coding procedures and scored segments of selected transcripts to learn how to implement the procedures correctly. Research assistants obtained 95% agreement with independent rating of transcripts before they were allowed to code data. Approximately one third of the transcripts were coded by two persons, and this level of interrater reliability was maintained.

Data analysis. Researchers completed a descriptive analysis of the data. Total number of utterances (for the meeting transcripts) and total number of goals (for the IEP documents) for each content category were transformed into percentages for comparison purposes. Researchers used a Wilcoxon Matched-Pairs Signed-Ranks Test to compare the percentages of written goals and utterances about the corresponding developmental areas on the matched pairs of meeting transcripts and IEP documents.

Results

Thirty-six subjects were potentially available for this study; 23 subjects were represented in the final data set— 5 subjects were unable to complete the study because they moved to another preschool, and recordings were not available for 8 other children. Because many of the teams had more than one IEP meeting about the target children, 42 transcripts (18,701 utterances) and 37 IEP documents (634 goals) were available for analysis.

Table 1 summarizes the distribution of utterances made during the IEP meetings. The table contains marked numbers that represent the top two contributors to each curricular area and the top two curricular areas discussed by each person, illustrating a pattern of contributions to the IEP meeting process. The *other* category had the highest number of utterances overall. Parents and teachers made the most contributions to the

Table 1. Summary of talk during 42 preschool IEP planning meetings

Three Year Summary of Participants' Input and Oral Statement Content											
Participant	Gross Motor	Fine Motor	Language	Socialization	Self Care	Cognition	Transition	Acknowledgments	Other	Total	Percent
Teacher	*433	*1014	*440	(1151)	*510	*1044	*629	*362	(1242)	6825	37%
Parent	196	144	221	*461	*190	99	271	(546)	(812)	2940	16%
Occupational Therapist	(611)	(1100)	42	247	177	172	108	145	248	2850	15%
Physical Therapist	†227	†169	7	72	3	14	6	34	88	620	3%
Adapted PE	†58	2	0	18	0	0	4	0	†23	105	1%
Social Worker	6	3	5	†39	16	1	32	8	†150	260	1%
Speech-Lang Path.	21	64	(900)	184	24	111	98	74	†215	1691	9%
Program Administrator	112	177	105	123	70	141	†249	92	†432	1501	8%
Braille Specialist	62	†234	21	38	9	56	38	31	†140	629	3%
Other	19	39	45	86	11	61	(496)	67	†456	1280	7%
Total	1745	2946	1786	2419	1010	1699	1931	1359	3806	18701	100%
Percent of Total	9%	16%	10%	13%	5%	9%	10%	8%	20%	100%	

* denotes top contributors in the curricular area † denotes top curricular areas addressed by participants ( ) denotes both top curricular and top contributors

overall meeting. Teachers' contributions were spread across all categories, with *socialization* and *other* being the highest; parents made the most contributions by *acknowledging* others and making utterances that fell into the *other* category. Occupational and physical therapists made the highest contributions in the *gross* and *fine motor* categories, while adaptive physical educators also contributed to *gross motor* discussion. Social workers discussed *socialization* and *other* topics the most. Speech-language pathologists discussed *language* and *other* topics, while the Braille specialist discussed *fine motor* and *other* topics the most. Program administrators from the preschools and from the elementary schools discussed *transitions* and made *other* utterances most frequently.

Figure 1 compares the distribution of utterances made at IEP meetings with the distribution of goals documented on the IEP itself. In some cases, there was a higher proportion of written goals addressing a content area compared to the quantity of utterances made about that content area during the IEP meeting (*gross motor, fine motor, language, self care, cognition*), while in other cases, there wereproportionately more utterances made about an area than there were goals written for that area (e.g., *socialization, other*). There were no specific *transition* goals on these IEPs (and the *acknowledgement* category was inapplicable for the written document).

The results of the Wilcoxon Matched-Pairs Signed-Ranks Test revealed that the frequency of utterances was significantly different from the frequency of written goals for the *cognitive* and *socialization* areas. In the *cognitive* area, there were significantly more cognitive goals written on the IEPs than there were utterances about cognition made during the meetings ($p = .0043$, two-tailed) However, in the *socialization* area, there were significantly more utterances made about socialization than there were goals written about socialization on the IEP ($p = .0005$, two-tailed).

Discussion

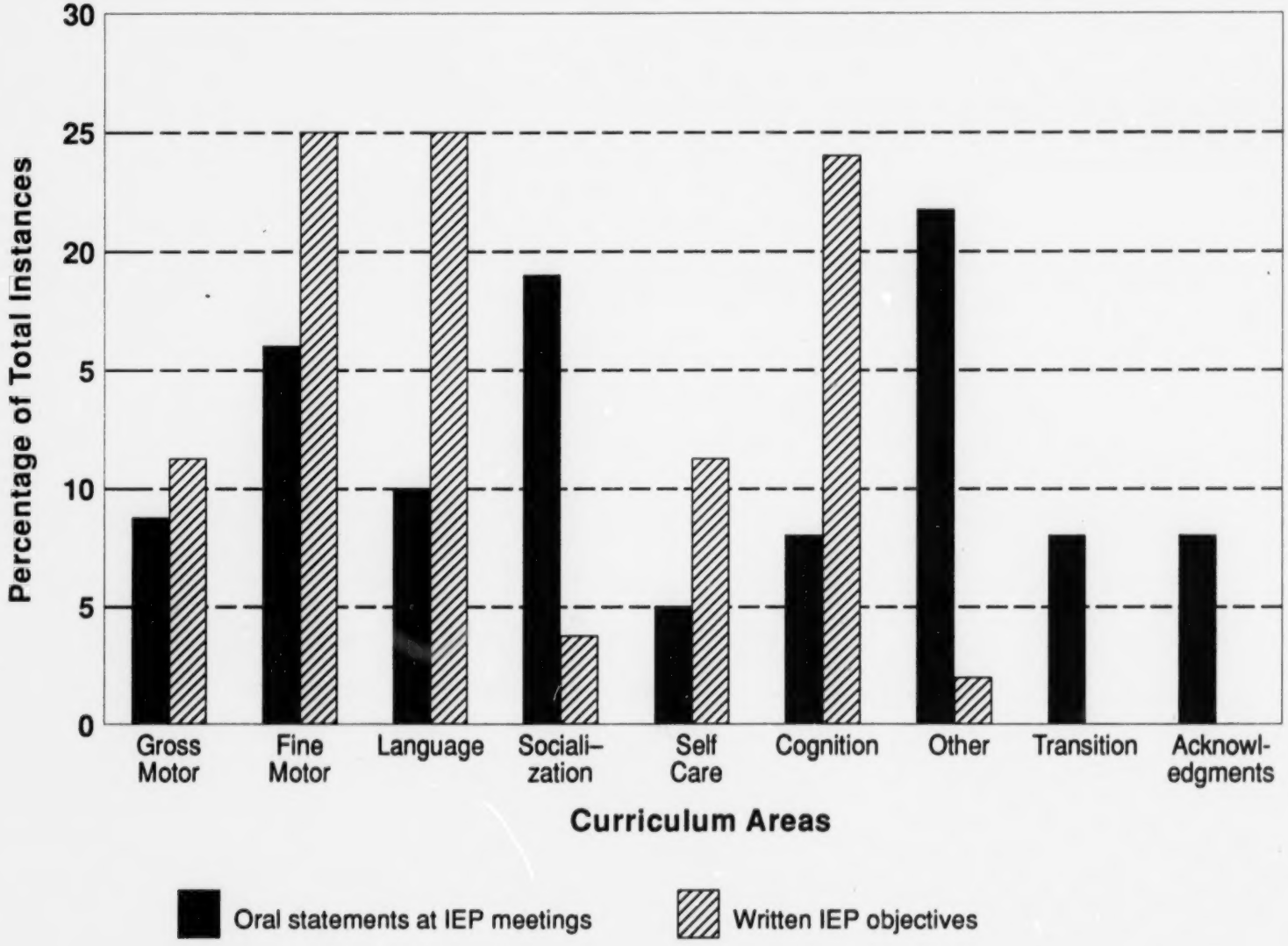
The results of this study provide indications about the IEP process and what may actually be going on within community-based teams such as those represented in this study.

IEP Meetings

Discipline-specific team members are contributing the most to discussions about their characteristic areas of expertise. Occupational and physical therapists and adaptive physical educators all contributed greatly to discussions about gross motor development. Speech-language pathologists contributed the most to discussions about the children's language development. It is interesting to note that the Braille specialist contributed substantially to the fine motor development discussion but contributed only a small amount to the language development discussion. It had been anticipated that the Braille specialist would participate actively in the language discussion, since Braille is a form of communication. However, at the preschool level, the children are learning how to identify the symbols with their fingers, which is a fine motor task.

It is possible that decision-making processes are affected when discipline roles are clearly delineated in meetings. Bailey & Simeonsson (1984) suggest that it would be ideal for team members to have equal influence on the group process. Fiorelli (1988) found that individuals perceived to be experts had a greater influence on decision making. This can lead to a situation in which other team members, including parents, take on an inferior role in the group (Nash, 1990). When this occurs, the team can miss important input because the team member who feels inferior may not actively participate, seeing the endeavor as pointless (Gilliam & Coleman,1981;

Figure 1. Comparison of oral and written actions during the IEP process



Bailey, 1984). Teams must actively work to ensure that use of discipline expertise does not interfere with parent participation (Nash, 1990) as they provide input from their unique points of view.

The preschool teachers in this study talked a great deal in all the content categories. Experience and the literature (e.g., Nash, 1990; Gilliam, 1979) would suggest that teachers in elementary schools may be more passive in IEP meetings than these data indicate. Perhaps preschool teachers are more active in the process of initial identification of the child's needs, and so feel more involved in the overall process of education planning for the children. The curriculum in preschools is more inclusive of developmental variations, and so it may be easier to consider interdisciplinary ideas within the typical preschool curricular framework than in an elementary classroom in which the teacher feels pressured to ensure the children meet specific competencies for academic and social development.

Initially it was somewhat surprising that the *other* category contained one fifth of all the utterances made during these meetings. In fact, for all but two of the participants (occupational and physical therapists), the *other* category was either the first or second highest area of contribution. If the IEP meeting is to meet the expectations of the law, it is supposed to be a time for the team to develop the individualized plan for the child, and therefore one would expect a higher distribution of utterances in the child's area(s) of need. The Principal Investigator in this study obtained feedback from the teams about this occurrence: the teams consistently stated that the *other* comments reflected an attempt to establish rapport with the family. This category included conversations about other children in the family, events taking place in the community, and areas of common interest between a parent and one or more of the professionals.

To follow up on the possibility that the team members were establishing rapport at these meetings, the Principal Investigator reviewed data collected from staffing meetings (meetings of team members to review progress and programming strategies) for the 1990–1991 school year. Parents were not present at four staffing meetings, and so it was possible to examine whether the amount of *other* talking decreased, perhaps indicating that rapport was a focus of the discussions when parents were present at the IEP meetings. At staffing meetings without parents, only 10% of the utterances fell into the *other* category. This difference is tentative due to the small number of staffing meetings with parents absent, but it does suggest that the issue of rapport-building may be important at IEP meetings. Nash (1990) points out that families' needs change over time, and so professionals must remain open and flexible to family needs for participation. Rapport-building is one strategy for keeping track of parents' status.

Parents made the second highest number of utterances (16% of the total utterances), but their utterances clustered in the *other* and *acknowledgement* categories (representing 46% of their utterances). This suggests that parents are frequently discussing unrelated topics without actively contributing to their child's plan. This profile does not suggest a family-centered planning session, but rather a more traditional meeting in which the professionals present information according to discipline expertise, which may minimize parental influence on decision-making (Gilliam & Coleman, 1981).

Comparison of IEP Meeting and IEP Document

If the IEP meeting is to be a time to create the IEP document as the law specifies, then there should be congruence between the activities during the IEP meeting and the resulting document. Figure 1 illustrates that there were some differences between this set of IEP documents and the associated IEP meetings.

The Principal Investigator obtained feedback from the teams about these data. The teams reported that the amount of discussion necessary about particular needs varied with the goals being established for the child. For example, there were more written goals in the

area of *self care* compared with the amount of oral discussion about self care needs. Teams reported that many self care items for preschoolers are clear and self explanatory to the parents, and therefore do not require long discussions because everyone agrees that these are skills the child needs to acquire (e.g., putting on jacket, washing face, brushing teeth).

Another issue that the teams raised was the families' familiarity with the curricular process. Many of the children had been attending these preschool programs for two to four years, and so the parents were more familiar with the course of the child's development and reasonable expectations in these areas than might otherwise be presumed. Cognitive development, for example, is a complex process; the details of cognitive milestones and expectations might not be familiar to typical parents. However, these teams believed that their parents were more familiar with their child's cognitive development because they had discussed it at length at earlier meetings. If the parents were comfortable with their knowledge about the developmental areas and/or had a high level of trust in the capabilities of their child's team, this might also lead to the higher number of acknowledging utterances. An alternative interpretation is that parents indeed did not understand these areas (e.g., *cognition*) or they would have made more substantive contributions.

There was proportionately more oral discussion about *socialization* than there were goals written about it. Socialization was the third highest area of contribution by the parents as well. This pattern suggests that the teams spent time negotiating the goals and strategies in this developmental area. Socialization is also an area that directly impacts daily interactions both at school and at home, increasing the interest for all the participants. Additionally, it is likely that the behaviors described by the professionals were understandable and familiar to the parents, enabling them to participate actively in the discussion.

There were no goals on these IEPs about the *transition* process itself. Transition seemed to be perceived as an administrative task (e.g., passing along the child's records, placing the child in an appropriate classroom) and therefore would not fit on an IEP whose purpose is to outline the child's specific curricular program. Perhaps teams felt that making the child's goals appropriate to particular abilities and needs served the child the best in the transition process. Fowler and her colleagues (1986) conducted a pilot study and found that 44% of parents expressed lack of understanding but 87% wanted to share responsibility for transition planning. Perhaps it is important to discuss transitions as a mechanism to provide families with information and opportunities to discuss their concerns. Hains et al. (1985) point out that children must acquire new skills in new schools (e.g., meeting new teachers and therapists, learning new school routines), and so it may also be important to write transition goals for the child's adjustment during and after transitions.

General Considerations

The data from this study suggest that the IEP meeting serves a broader purpose than only to develop or review the individualized plan for the child (P.L. 94-142). It may be a vehicle for the team to build trust and familiarity with each other. This is also an important part of the process of serving children and families in an individualized manner.

It does appear that parent participation in IEP meetings may be more limited than would be optimal. P.L. 99-457 advocates a family-centered model for designing and providing services (Mahoney et al., (1990). Bailey and Simeonsson (1984) propose five reasons why families ought to be active participants in their child's educational planning:

1. Families have a right to participate according to our laws.
2. Parents have unique information about their children that is useful to planning.
3. Parents may express preferences about goals for their children.

4. Parents may use this forum to advocate for their children.
5. Parents who are knowledgeable about their children's programs can facilitate generalization during home activities.

Bailey (1987) suggests that parents and professionals may have different priorities. Steps might be taken to improve this circumstance. It may be useful to change the strategy for the IEP meeting process to close the potential gap between parent and professional priorities. Professionals could provide evaluation data prior to the meeting in a report to the parents with a follow-up phone call to discuss and clarify information for them. This would provide the parents with information about each discipline (Nash, 1990); they can then reflect on and combine these findings with their knowledge of their child prior to the meeting. This reflection time may provide an opportunity for the parents to link behaviors they see at home with strengths and concerns expressed in specific discipline reports. This strategy puts the parents on a more equal footing with the professionals; the parents are better able to form thoughts and ideas to express at the meeting because they know in advance the direction of thinking already taken by the professionals. DeGangi et al. (1992) identified communication, listening and a willingness to share concerns as important issues reported by parents and professionals in the IFSP process. If participants communicated in advance, the IEP meeting could then focus more explicitly on the program planning process, rather than on individual reports of findings. This meeting format would enable the parents to offer comments throughout the discussion, and may increase their ability to provide additional insights about their child that the professionals were unable to discover in the formal evaluation process (Bailey et al., 1984).

Limitations of the Study

This study was limited to data from three preschool programs in one city, and therefore may not be representative of the IEP process nationwide. Additionally, within these programs some of the meetings were not audiotaped, and so there is missing data about these programs as well.

There are certainly other ways that the transcripts of meeting discussions and the IEP documents could have been coded. For example, the written IEP goals were coded according to functionality and generalizability, using the method described by Hunt et al. (1986). However, it was difficult also to code the utterances by those same criteria. Audiotapes of the meeting discussions did not provide information about body language or other nonverbal cues that certainly contribute to the group process and would provide useful data.

Teachers and parents were always present in the IEP meetings, whereas other team members were present less consistently depending on individual children's needs. For example, the Braille specialist was present for meetings only at one site, the preschool serving children with visual impairments. This may have skewed the data by generating larger numbers of utterances for those who were present more regularly, and smaller numbers for those only present intermittently. Ratios would be a more indicative measure of participation; however, percentages were used when comparing the IEP meeting discussions with the IEP document goals.

Directions for the Future

It would be interesting to examine the possible differences between preschool and elementary school teams in their patterns of participation and emphasis during the IEP process. With the infusion of families who have participated in the IFSP process, it would also be interesting to compare the pattern of meetings with parents who have and have not participated in the more family-centered process advocated in the IFSP.

Transitions can be times when families need additional support; teams may need to take a more direct approach to addressing the issues that may arise for a family as their child moves from one school to the next. For

example, many teams have set up communication strategies between common sending and receiving schools in their communities to facilitate transfer of information. Schools can set up times for families to visit new schools, or have a parent night to introduce families to the schools their children may be attending. Some schools have developed videotape libraries to provide working parents with an opportunity to observe various classroom environments. By raising these issues in a proactive manner, families can consider their own concerns and formulate their own questions prior to the actual transition.

It may also be important to document the actual contributions that the IFSP and IEP processes make to the overall endeavor to serve children and families. P.L. 94-142, P.L. 99-457 and P.L. 102-119 emphasize the development of the child's individualized plan, and this purpose has been interpreted in a variety of ways in regulations and compliance standards across the states. McGonigel et al. (1991) remind us that the IFSP is both a product and a process. Teams must address the process by working to establish rapport and build a sense of trust in the common goals of serving children. It seems that service providers have sensed the importance of these factors and built them into their process. However, when the procedures do not reflect factors such as cooperation and trust, service providers may begin to perceive that they are engaging in two separate processes: one to fulfill the obligations of the law (Margolis et al., 1981) and the other to serve children and families. Sometimes service providers perceive procedures to fulfill mandates as non-productive (Gerardi et al., 1984; Morgan & Rhode, 1983) because they seem separate from the daily tasks professionals perform to serve children and families. Perhaps we need to revisit the policies that support the intent of the law, and adapt them to reflect all the key elements that support optimal services to children and families.

Conclusion

The IEP and IFSP processes are complex, and have served children, families and team members favorably. Nearly 20 years after the enactment of P.L. 94-142, it is interesting to have an opportunity to reflect on the way the IEP process has been operationalized within preschool programs. Positive patterns emerge, but areas for continued improvements also present themselves.

It will serve children and families better if the process that is actually functional within these service systems is more clearly presented and characterized in policies and procedures. It may be important to consider which policies are not reflective of the process and which actions by teams are not in families' best interests, so that an improved process can be delineated.

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